

NMCP COVID-19 Literature Report #26: Tuesday, 30 June 2020

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Disclaimer: I am not a medical professional. This document is current as of the date noted above. While I make every effort to find and summarize available data, things are changing rapidly, with new research and potentially conflicting literature published daily.

About Reports: Reports are biweekly, planned for Tuesdays and Fridays. All reports are available online at <https://nmcp.libguides.com/covidreport>. Access is private; you will need to use the direct link or bookmark the URL, along with the case-sensitive password "NMCPfinest".

Note: Due to the July 4th holiday this week, there will be no report on Friday. The next report will be on Tuesday, 07 July.

Statistics

Global 10,424,992 confirmed cases and 509,706 deaths in 188 countries/regions

*United States** top 5 states by cases (Virginia is ranked 16th)

	TOTAL US	NY	CA	NJ	TX	FL
Confirmed Cases	2,683,000	393,304	223,646	171,272	156,706	146,341
Tested	31,557,407	3,862,913	4,061,692	1,403,984	1,819,189	1,912,743
Hospitalized	NA	89,995	NA	19,847	NA	14,651
Recovered	NA	70,435	NA	30,163	81,335	NA
Deaths	129,545	31,403	5,984	14,992	2,416	3,447

*see census.gov for current US Population data; NA: not all data available

[JHU CSSE](#) as of 1100 EDT 30 June 2020

<i>Virginia</i>	Total	Chesapeake	Hampton	Newport News	Norfolk	Portsmouth	Suffolk	Virginia Beach
Cases	62,787	895	328	523	915	482	414	1,176
Hospitalized	6,203	130	41	44	105	68	57	118
Deaths	1,763	20	5	10	9	16	34	29

[VA DOH](#) as of 1100 EDT 30 June 2020

Navy statistics, previously provided via Navy Live blog, will no longer be included as they are only updated weekly: "Beginning Monday, June 22, this daily update will transition to a once-weekly update". See: <https://navylive.dodlive.mil/2020/03/15/u-s-navy-covid-19-updates/>

State of the COVID Literature

As of this writing, there are 20,040 articles on the topic in PubMed according to LitCovid, the curated literature hub for tracking up-to-date scientific information about the 2019 novel coronavirus ([LitCovid](#)). COVID-19 Primer, another literature tracker that includes preprints and other sources not found in PubMed, notes that there are 32,482 cumulative papers since 22 January 2020—2,858 new papers in the past seven days ([Primer](#)).

Individual biomedical journals have been inundated with submissions. For example, according to an editorial from *JAMA*: "from January 1 to June 1, 2020, more than 11,000 manuscripts were submitted, compared with approximately 4,000 manuscripts submitted during the same period in 2019" ([JAMA](#)). A preprint that analyzed articles published found COVID-19-related articles were published almost 8 times faster than non-COVID-19 articles ([medRxiv](#)).

Problems in the Literature

Previous controversies and problems in the biomedical literature with COVID-19 include the retractions of two high-profile papers in *The Lancet* (hydroxychloroquine) and *The New England Journal of Medicine* (ACE inhibitors and ARBs). For more in-depth discussion of these retractions, see [NMCP lit report #19](#).

And these issues continue. As noted in the last report ([NMCP lit report #25](#)), a group of researchers from Stanford and Johns Hopkins universities have posted a letter requesting Proceedings of National Academy of Sciences retract an article on wearing masks ([CIDRAP](#)). The article, posted 11 June, suggests mask use was the most effective intervention slowing the spread of COVID-19 in New York City ([PNAS](#); mentioned in [NMCP lit report #22](#)).

To keep up with these changes in the literature, Retraction Watch has a running list of withdrawn or retracted papers and expressions of concerns (including those from preprint servers) specific to COVID-19 ([Retraction Watch](#)).

The *JAMA* editorial mentioned above speaks to the changes that have been incorporated into the editorial and publishing process for COVID-19-related submissions ([JAMA](#)). Richard Horton, the editor of *The Lancet*, says the editorial team reject about 95% of submissions ([New Yorker](#)). Of note, *The Lancet* was also the journal – and with the same editor – embroiled in another retraction scandal that greatly impacted the literature: the 1998 MMR vaccine and autism article written by Andrew Wakefield and colleagues ([PubMed](#)).

Other efforts to call out mis/disinformation as well as highlight important, credible research from an authoritative position have resulted in a new journal *Rapid Reviews: Covid-19* ([RR: C19](#)). The open access journal's goal is to "debunk research that's poor and elevate research that's good" ([STAT](#)). The first reviews are expected in July 2020; potential reviewers and contributors are being recruited ([MIT Press](#)).

Evidence Synthesis and Other Reports

[WHO](#): Rapid hospital readiness checklist: Interim Guidance (26 June 2020)

"Countries can use this checklist of hospital governance, structures, plans and protocols to rapidly determine the current capacities of hospitals to respond to the COVID-19 pandemic and to identify gaps and major areas that require investment and action for the development of hospital readiness improvement plans. The tool can be used periodically to monitor hospital emergency operational readiness capacity development.

Key questions this module helps to answer:

- Do facilities have the necessary arrangements and backup arrangements in place and the functioning capacity to respond to COVID-19 (including safe and quality care of COVID-19 and non-COVID-19 patients and the continued provision of safe and essential public health functions)?
- Which recommended actions need to be given priority and investment to make the facility fully functional?
- What are the 'to do' priority actions in case of surge?"

[JHCHS](#): At-Home Diagnostic Testing for Infectious Diseases: A Tool for Accelerating COVID Diagnosis and Building Pandemic Preparedness for the Future (25 June 2020)

"Before an infectious disease outbreak of any size can be addressed and before illness can be treated, it must be first be identified through the diagnosis of cases. Diagnostic testing is a mainstay of not only clinical medicine but also epidemiologic investigation. Limitations surrounding access to diagnostic testing have dominated much of the current response to COVID-19 and highlight the need to have more rapid, convenient, and equitable access to testing. Looking ahead, through the increasing diffusion of health technology to consumers and patients, it is becoming more feasible for diagnostic testing to be placed in the hands of the patient. Such tests when used to diagnose infectious disease, and coupled to information technology, could have a transformative benefit for future pandemic response.

The Johns Hopkins Center for Health Security conducted this study to develop an expert assessment of the promise and challenges posed by at home infectious diagnostic technologies. A major aim of this study is to inform pandemic preparedness activities that rely on diagnostic technologies and determine how at home approaches can integrate with and augment the existing diagnostic paradigm."

Selected Primary Literature

Recent—published in peer-reviewed journals within the last 7 days of report's date

[JAMA](#): Cognitive Bias and Public Health Policy During the COVID-19 Pandemic (29 June 2020)

"By starkly revealing the biases that cloud effective policy making and communication, a legacy of COVID-19 could be that future governments implement policies that reduce morbidity and mortality under worst-case rather than best-case scenarios, consider future harms as readily as present ones, and attend as strongly to hidden deaths as to visible lives. COVID-19 could provide the impetus for greater ascendancy of public health ethics over clinical ethics. If so, as difficult as it may be to imagine now, the pandemic might have served, paradoxically, as a stimulus to improve population health."

[JAMA](#): Taking a Closer Look at COVID-19, Health Inequities, and Racism (29 June 2020)

This Perspectives article includes a video and interview with Chicago public health legend Linda Rae Murray, MD, MPH on social determinants of health and health inequities/disparities that have been exacerbated with COVID-19.

[Lancet Respir Med](#): Child poverty, food insecurity, and respiratory health during the COVID-19 pandemic (29 June 2020)

"The eradication of poverty and hunger are the top sustainable development goals, adopted by UN Member States in 2015. Yet the World Food Programme estimates that, in the wake of the COVID-19 pandemic, acute food insecurity could double from 135 to 265 million people worldwide. In the absence of mitigating policies, poverty leading to food insecurity will damage the respiratory health of a generation of children."

[MMWR](#): Serial Laboratory Testing for SARS-CoV-2 Infection Among Incarcerated and Detained Persons in a Correctional and Detention Facility — Louisiana, April–May 2020 (29 June 2020)

"Correctional and detention facilities face unique challenges in detecting and mitigating transmission of SARS-CoV-2 infection.

Testing among quarantined contacts of patients with COVID-19 in a correctional and detention facility identified a high proportion of asymptomatic and presymptomatic cases that were not identified through symptom screening alone. Approximately one fourth of cases were found through serial testing during quarantine.

Early detection and isolation of persons with COVID-19, along with testing of close contacts, can slow the transmission of SARS-CoV-2 in correctional and detention facilities. Serial testing, particularly for close contacts of patients, is important for complete identification of cases and prompt public health response in congregate settings."

[NEJM](#): Multisystem Inflammatory Syndrome in U.S. Children and Adolescents (29 June 2020)

"We conducted targeted surveillance for MIS-C from March 15 to May 20, 2020, in pediatric health centers across the United States. The case definition included six criteria: serious illness leading to hospitalization, an age of less than 21 years, fever that lasted for at least 24 hours, laboratory evidence of inflammation, multisystem organ involvement, and evidence of infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) based on reverse-transcriptase polymerase chain reaction (RT-PCR), antibody testing, or exposure to persons with Covid-19 in the past month. Clinicians abstracted the data onto standardized forms.

We report on 186 patients with MIS-C in 26 states. The median age was 8.3 years, 115 patients (62%) were male, 135 (73%) had previously been healthy, 131 (70%) were positive for SARS-CoV-2 by RT-PCR or antibody testing, and 164 (88%) were hospitalized after April 16, 2020. Organ-system involvement included the gastrointestinal system in 171 patients (92%), cardiovascular in 149 (80%), hematologic in 142 (76%), mucocutaneous in 137 (74%), and respiratory in 131 (70%). The median duration of hospitalization was 7 days (interquartile range, 4 to 10); 148 patients (80%) received intensive care, 37 (20%) received mechanical ventilation, 90 (48%) received vasoactive support, and 4 (2%) died. Coronary-artery aneurysms (z scores ≥ 2.5) were documented in 15 patients (8%), and Kawasaki's disease-like features were documented in 74 (40%). Most patients (171 [92%]) had elevations in at least four biomarkers indicating inflammation. The use of immunomodulating therapies was common: intravenous immune globulin was used in 144 (77%), glucocorticoids in 91 (49%), and interleukin-6 or 1RA inhibitors in 38 (20%).

Multisystem inflammatory syndrome in children associated with SARS-CoV-2 led to serious and life-threatening illness in previously healthy children and adolescents."

[NEJM](#): Multisystem Inflammatory Syndrome in Children in New York State (29 June 2020)

"Hospitals in New York State reported cases of Kawasaki's disease, toxic shock syndrome, myocarditis, and potential MIS-C in hospitalized patients younger than 21 years of age and sent medical records to the NYSDOH. We carried out descriptive analyses that summarized the clinical presentation, complications, and outcomes of patients who met the NYSDOH case definition for MIS-C between March 1 and May 10, 2020.

As of May 10, 2020, a total of 191 potential cases were reported to the NYSDOH. Of 95 patients with confirmed MIS-C (laboratory-confirmed acute or recent severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] infection) and 4 with suspected MIS-C (met clinical and epidemiologic criteria), 53 (54%) were male; 31 of 78 (40%) were black, and 31 of 85 (36%) were Hispanic. A total of 31 patients (31%) were 0 to 5 years of age, 42 (42%) were 6 to 12 years of age, and 26 (26%) were 13 to 20 years of age. All presented with subjective fever or chills; 97% had tachycardia, 80% had gastrointestinal symptoms, 60% had rash, 56% had conjunctival injection, and 27% had mucosal changes. Elevated

levels of C-reactive protein, d-dimer, and troponin were found in 100%, 91%, and 71% of the patients, respectively; 62% received vasopressor support, 53% had evidence of myocarditis, 80% were admitted to an intensive care unit, and 2 died. The median length of hospital stay was 6 days.

The emergence of multisystem inflammatory syndrome in children in New York State coincided with widespread SARS-CoV-2 transmission; this hyperinflammatory syndrome with dermatologic, mucocutaneous, and gastrointestinal manifestations was associated with cardiac dysfunction."

[JMIR](#): Framework for Managing the COVID-19 Infodemic: Methods and Results of an Online, Crowdsourced WHO Technical Consultation (26 June 2020)

"A World Health Organization (WHO) technical consultation on responding to the infodemic related to the coronavirus disease (COVID-19) pandemic was held, entirely online, to crowdsource suggested actions for a framework for infodemic management.

A group of policy makers, public health professionals, researchers, students, and other concerned stakeholders was joined by representatives of the media, social media platforms, various private sector organizations, and civil society to suggest and discuss actions for all parts of society, and multiple related professional and scientific disciplines, methods, and technologies. A total of 594 ideas for actions were crowdsourced online during the discussions and consolidated into suggestions for an infodemic management framework....

The first version of this framework proposes five action areas in which WHO Member States and actors within society can apply, according to their mandate, an infodemic management approach adapted to national contexts and practices. Responses to the COVID-19 pandemic and the related infodemic require swift, regular, systematic, and coordinated action from multiple sectors of society and government. It remains crucial that we promote trusted information and fight misinformation, thereby helping save lives."

[NEJM](#): Ensuring Uptake of Vaccines against SARS-CoV-2 (26 June 2020)

"Six Trigger Criteria For State Covid-19 Vaccination Mandates:

1. Covid-19 is not adequately contained in the state.
2. The Advisory Committee on Immunization Practices has recommended vaccination for the groups for which a mandate is being considered.
3. The supply of vaccine is sufficient to cover the population groups for which a mandate is being considered.
4. Available evidence about the safety and efficacy of the vaccine has been transparently communicated.
5. The state has created infrastructure to provide access to vaccination without financial or logistic barriers, compensation to workers who have adverse effects from a required vaccine, and real-time surveillance of vaccine side effects.

6. In a time-limited evaluation, voluntary uptake of the vaccine among high-priority groups has fallen short of the level required to prevent epidemic spread.

...As with social distancing orders, we can expect that the advent of SARS-CoV-2 vaccines will spark intense clashes of feeling about what people owe to one another in the fight against the pandemic. In contrast to earlier phases of the pandemic, though, we currently have some time on our side. Careful deliberation now about state vaccination policy can help ensure that we have a strategy when the breakthrough comes."

[Cochrane](#): Antibody tests for identification of current and past infection with SARS-CoV-2 (25 June 2020).

"The sensitivity of antibody tests is too low in the first week since symptom onset to have a primary role for the diagnosis of COVID-19, but they may still have a role complementing other testing in individuals presenting later, when RT-PCR tests are negative, or are not done. Antibody tests are likely to have a useful role for detecting previous SARS-CoV-2 infection if used 15 or more days after the onset of symptoms. However, the duration of antibody rises is currently unknown, and we found very little data beyond 35 days post-symptom onset. We are therefore uncertain about the utility of these tests for seroprevalence surveys for public health management purposes. Concerns about high risk of bias and applicability make it likely that the accuracy of tests when used in clinical care will be lower than reported in the included studies. Sensitivity has mainly been evaluated in hospitalised patients, so it is unclear whether the tests are able to detect lower antibody levels likely seen with milder and asymptomatic COVID-19 disease.

The design, execution and reporting of studies of the accuracy of COVID-19 tests requires considerable improvement. Studies must report data on sensitivity disaggregated by time since onset of symptoms. COVID-19-positive cases who are RT-PCR-negative should be included as well as those confirmed RT-PCR, in accordance with the World Health Organization (WHO) and China National Health Commission of the People's Republic of China (CDC) case definitions. We were only able to obtain data from a small proportion of available tests, and action is needed to ensure that all results of test evaluations are available in the public domain to prevent selective reporting. This is a fast-moving field and we plan ongoing updates of this living systematic review."

ICYMI: Preprints—not yet peer-reviewed papers

bioRxiv and medRxiv are preprint servers: "[T]hese are preliminary reports that have not been peer-reviewed. They should not be regarded as conclusive, guide clinical practice/healthrelated behavior, or be reported in news media as established information."

[medRxiv](#): Effect of Dexamethasone in Hospitalized Patients with COVID-19: Preliminary Report (22 June 2020)

This article is based on data from the RECOVERY trial and includes information first mentioned in [NMCP lit report #22](#).

"Coronavirus disease 2019 (COVID-19) is associated with diffuse lung damage. Corticosteroids may modulate immune-mediated lung injury and reducing progression to respiratory failure and death.

The Randomised Evaluation of COVID-19 therapy (RECOVERY) trial is a randomized, controlled, open-label, adaptive, platform trial comparing a range of possible treatments with usual care in patients hospitalized with COVID-19. We report the preliminary results for the comparison of dexamethasone 6 mg given once daily for up to ten days vs. usual care alone. The primary outcome was 28-day mortality.

2104 patients randomly allocated to receive dexamethasone were compared with 4321 patients concurrently allocated to usual care. Overall, 454 (21.6%) patients allocated dexamethasone and 1065 (24.6%) patients allocated usual care died within 28 days (age-adjusted rate ratio [RR] 0.83; 95% confidence interval [CI] 0.74 to 0.92; $P < 0.001$). The proportional and absolute mortality rate reductions varied significantly depending on level of respiratory support at randomization (test for trend $p < 0.001$): Dexamethasone reduced deaths by one-third in patients receiving invasive mechanical ventilation (29.0% vs. 40.7%, RR 0.65 [95% CI 0.51 to 0.82]; $p < 0.001$), by one-fifth in patients receiving oxygen without invasive mechanical ventilation (21.5% vs. 25.0%, RR 0.80 [95% CI 0.70 to 0.92]; $p = 0.002$), but did not reduce mortality in patients not receiving respiratory support at randomization (17.0% vs. 13.2%, RR 1.22 [95% CI 0.93 to 1.61]; $p = 0.14$).

In patients hospitalized with COVID-19, dexamethasone reduced 28-day mortality among those receiving invasive mechanical ventilation or oxygen at randomization, but not among patients not receiving respiratory support."

Webinars and Panel Discussions

WHEN: Wednesday, 08 July 2020 1300 – 1400 EDT

REGISTER: <https://go.beckershospitalreview.com/second-wave-preparedness-infection-preventionists-and-pharmacy-leaders-discuss-patient-safety-and-covid-19>

WHAT: Second wave preparedness: Infection preventionists and pharmacy leaders discuss patient safety and COVID-19 — Becker's Hospital Review

"The first wave of COVID-19, and the significant challenges it raised for hospitals, underscored the highly critical role that pharmacists, infection preventionists, and antimicrobial stewardship teams play in keeping patients, staff, and visitors safe.

During this panel discussion, infection prevention and pharmacy leaders from hospitals across the country will share some of the biggest challenges they encountered during the first wave of COVID-19, how they used clinical surveillance to enhance patient care, and the lessons they learned. They will also share how their organizations are preparing for a second wave of COVID-19, and the initiatives they are implementing now to ensure safer care."

Reminder

WHEN: Wednesday, 01 July 2020 1000 – 1115 EDT
Archived video will be available on Thursday, 02 July at
<https://policylab.chop.edu/>

WHAT: Virtual Conversation: Ensuring Support Services for Youth With Disabilities & Special Health Care Needs Amid COVID-19 — CHOP Policy Lab

"With schools closed and families social distancing, the COVID-19 pandemic has significantly changed the lives of children across the country. For youth with disabilities and special health care needs and their caregivers, the challenges brought about by the pandemic have been even more acute, leading to issues accessing critical therapies and disrupted services at home and school.

There are a multitude of questions around how to ensure the health and safety of children with disabilities and special health care needs as the COVID-19 pandemic progresses: What do parents and those who care for children need to know about the impact of COVID-19? What will health and safety protocols for a return to school look like? Can therapies and services that are critical for youth well-being be delivered safely, and what concerns exist around disparities in access?"

News in Brief

As of this writing, there are 10,424,992 confirmed cases and 509,706 deaths globally, 2,683,000 cases and 129,545 deaths in the US ([JHU CSSE](#)); overall, the US accounts for 25.7% of cases and 25.4% of deaths—even though the US makes up only 4.3% of global population ([Census](#)).

WHO chief: "We all want this to be over. We all want to get on with our lives. But the hard reality is this is not even close to being over... Although many countries have made some progress, globally the pandemic is actually speeding up... we're all in this for the long haul" ([CBS](#)).

There are calls for a 9/11-style commission to analyze the COVID-19 pandemic response; here are some issues a commission and report should investigate ([STAT](#)).

"America needs the contagion equivalent of the National Weather Service" ([Foreign Affairs](#)).

Testing and Contact Tracing

To increase coronavirus testing capacity, many experts are calling for 'pool testing' — a method where samples from multiple people are combined and tested as a group ([STAT](#)).

Contact tracing in the US is 'not going well', according to Dr. Anthony Fauci, and we still aren't doing enough testing ([CNBC](#)).

One organization recommends at least 30 contact tracers per 100,000 people during the pandemic ([NACCHO](#)).

Johns Hopkins offers a free online course on contact tracing ([Coursera](#)).

Treatment and Vaccines

Gilead has released information on what they will charge for remdesivir: "For all governments in the developed world, including the U.S. government's Medicaid program and the Department of Veterans Affairs, Gilead will charge \$2,340 for a five-day course. U.S. insurers will pay 33% more, or \$3,120." ([STAT](#)) US Department of Health and Human Services will continue to manage allocation to hospitals until the end of September ([Gilead](#)).

A COVID-19 vaccine candidate from CanSino Biologics has been cleared for use by China's military ([Reuters](#)).

Mitigation Measures and Reopening

A dozen states have paused phased reopening as coronavirus cases spike in those areas ([CNN](#)).

The AAP calls for in-person school this fall ([NPR](#)).

Ripple Effects

"Nearly 1 in 3 black Americans know someone personally who has died of COVID-19, far exceeding their white counterparts, according to a Washington Post-Ipsos poll that underscores the coronavirus pandemic's profoundly disparate impact" ([WashPo](#)).

Counteracting Mis/Disinformation

According to a new survey, 64% of adults say CDC mostly gets the facts about the outbreak right; 36% of Americans who have heard about it believe the conspiracy theory that people in power intentionally planned the COVID-19 outbreak is 'probably or definitely true' ([Pew](#)).

As President Putin claims the coronavirus pandemic has retreated in Russia, many critics face backlash and evidence suggests otherwise ([WashPo](#)).

No, there's not a 'Freedom to Breathe Agency' that is distributing mask exemption cards under the Americans with Disability Act ([NYT](#)).

In Case the Pandemic Isn't Enough...

India has swarms of locusts and record warm temperatures in Siberia sparked wildfires in the Arctic ([WashPo](#)).

If you had 'double pandemic' on your 2020 bingo card, heads up: scientists in China have identified a potential pandemic influenza strain in pigs that can infect humans ([BBC](#); see [PNAS](#) article for more details).

There have been 10 cases of Dengue fever in the Florida Keys so far this year ([FL DoH](#)).

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State of the COVID literature

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Evidence Synthesis and Other Reports

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